The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners’ accounts

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The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners’ accounts

Abstract

Addressing spirituality in therapy is not only important for a substantial number of clients but many therapists also regard it as potentially valuable. However, practitioners report difficulties and confusion regarding how to work with spiritual difference, especially when clients’ spiritual beliefs are perceived as undermining their psychological well-being. The current study aimed to explore this challenge through the use of a qualitative design. Semi-structured interviews were conducted with 11 practitioners and the transcripts were analysed using interpretative phenomenological analysis. Three superordinate themes were discerned in the data: ‘therapists’ perception of clients’ spiritual beliefs: psychological understanding and impact’, ‘therapists’ aims and responsibilities: (in)compatibility with clients’ spiritual beliefs’ and ‘therapists’ practice responses to psychologically unhelpful spiritual beliefs: explicit and implicit approaches’. When clients’ spiritual beliefs were perceived as psychologically unhelpful, therapists experienced a conflict between their ethical stance to respect clients’ beliefs and their aim to enhance psychological well-being. This conflict presented the greatest challenge for therapists working with different spiritual beliefs. Implications and recommendations for practice are considered and avenues for future research are highlighted. In particular, it is recommended for therapists to recognize this challenge as an ethical dilemma, to develop an ethical analytic framework and to reflect on their own beliefs within this framework.
The ethical challenge of working with spiritual difference: An interpretative phenomenological analysis of practitioners’ accounts

In recent years there has been a discernibly increased interest in spirituality within the context of psychotherapy (Crossley & Salter, 2005). Although there may be many reasons for the growing interest in integrating spirituality into practice, perhaps of greatest significance is the fact that spirituality is important to many clients. Not only do growing numbers of individuals report spirituality to be personally important to them (for example, see Bergin & Jensen, 1990; Miller & Thoresen, 1999) but studies show that many clients actively want therapy to address their spiritual concerns (Lindgren & Coursey, 1995; Pargament et al., 2005). However, this has been found to depend on how they think therapists will perceive or respond to their spiritual beliefs (Suarez, 2005). For example, in a study by Rose and colleagues (2001), clients stated that their preference was dependent “on the counsellors’ abilities to discuss [spirituality] without…imposing [their] own views/beliefs/practices” (p.12). Clients have also described their concern that a therapist might try to undermine their beliefs or attempt to convert them to be more in-line with the therapists’ own spiritual values (Keating & Fretz, 1990; Quackenbos et al., 1985).

Many therapists have reported a similar perspective – considering spirituality to be an important factor but retaining certain fears about explicitly addressing it in therapy (Hathaway et al., 2004; Stamogiannou, 2007). A number of qualitative studies have shown that therapists are reluctant to raise the subject of spirituality themselves and if a client introduces the topic, they still struggle with how best to respond (for example, Crossley & Salter, 2005). Even therapists with a particular
interest in spirituality have reported sometimes experiencing uncertainty about how to work with spiritual issues (Suarez, 2005). Researchers reported that at the heart of therapists’ uneasiness about discussing spirituality was a concern that their own spiritual beliefs might influence or be imposed onto clients (Baker & Wang, 2004; Suarez, 2005). Such situations were usually constructed and discussed in the context of a difference existing between the therapist’s and client’s spiritual stance. This possibility of spiritual value influence and/or imposition raised a number of challenges and concerns for therapists.

The major professional and ethical problem with spiritual value imposition is the potential for eliminating or reducing clients’ freedom to choose their own spiritual values (Chappelle, 2000). Indeed, central to the ethics of the British Psychological Society (BPS) (2006) is a respect for individual autonomy, that is, respecting the client’s right to be free to choose and to hold to whatever (spiritual) beliefs they want (Barnes, 2000; Kitchener, 2000). So important is respect for autonomy that it is one of the four ethical principles that provide a basis for the BPS codes of conduct, along with non-maleficence (the principle of causing least harm), beneficence (the principle of maximizing benefit) and justice (the principle of acting justly and fairly).

Although practitioners have emphasized the importance of respecting clients’ spiritual beliefs and not imposing their own, difficulties have been said to arise when clients’ spiritual values were seen to be undermining their psychological well-being or the therapeutic process (Crossley & Salter, 2005). In such situations, therapists experienced confusion in knowing whether, when and/or how to challenge a client’s beliefs (Stamogiannou, 2007). Indeed, such was the confusion that some therapists described withdrawing from further discussion of spiritual beliefs or even adopting a
general avoidance strategy towards discussing spirituality altogether in therapy (Crossley & Salter, 2005; Lochner, 2009).

Participants in a recent study described this struggle in terms of an ethical dilemma, where their decision about how to respond to spiritual difference involved deciding what would “violate ethical boundaries” (Lochner, 2009). Conceptualizing the situation in these terms, it can be seen that confusion and uncertainty arise because there is a clash between the two ethical principles of autonomy and beneficence. Particular challenges arise where valuing autonomy demands that therapists respect clients’ right to choose and hold to their spiritual beliefs whereas prioritizing beneficence would demand that the therapist work to bring about the greatest psychological ‘good’ for the client, which may require challenging and aiming to alter spiritual beliefs that are deemed psychologically ‘unhelpful’.

While previous studies have highlighted some significant aspects of working therapeutically with spiritual beliefs, there remains an absence of research exploring this particular ethical struggle, which may be central to therapists’ apprehension and confusion about explicitly discussing spiritual beliefs in therapy. Research investigating how therapists consider and construct responses to clients’ spiritual beliefs that are different from their own will help illuminate this issue. Additionally, it will potentially indicate the most fruitful way to equip practitioners in general to work ethically and comfortably with clients’ spiritual beliefs. Therefore, this study aims to explore therapists' responses to situations of salient 'spiritual difference' (that is, situations where spirituality is relevant to a client's presenting problem and where a difference in spiritual stance exists between therapist and client). In particular, the study will examine how therapists represent these situations in terms of their
potentially dilemmatic nature and ethical implications and how they construct strategies for responding to such situations.

**Method**

Given the research aims, interpretative phenomenological analysis (IPA) was considered to be an appropriate methodological approach because it provides a framework for accessing participants’ meaning-making in all its potential complexity and fluidity (Smith & Eatough, 2007). To provide the basis for a meaningful analysis, a closely defined group was sought. Participants were therefore restricted to psychologists, psychotherapists and counsellors registered by an appropriate governing body such as the BPS, the United Kingdom Council for Psychotherapy (UKCP) and the British Association of Counselling and Psychotherapy (BACP). They were required to have had at least two years post-qualification experience but were not required to have a recognised interest in spirituality either personally or professionally.

Eighty-nine email invitations were sent to practitioners randomly selected from relevant organisational databases. Eleven individuals were recruited and this was judged to provide enough cases to examine similarities and differences between participants whilst permitting attention to be paid to the richness of individual cases. The sample consisted of one male and ten female practitioners who all described themselves as ‘White British’ apart from one person who stated they were of German background. Participants’ mean age was 52 years (range 35-65; SD 9.2). Three were Counselling Psychologists, one was a Clinical Psychologist, five were Psychotherapists and two were Counsellors. They had on average 15 years of experience in therapeutic work (range 9-26; SD 6.2). Although all worked in private
practice, the majority also worked concurrently in the NHS. Participants reported holding a range of spiritual beliefs or affiliations. In order to provide some context for the data that appear in the ‘Analysis’ section, Table 1 outlines participants’ self-reported spiritual stances (the names assigned to participants are pseudonyms).

Table 1: Participants’ self-reported spiritual stances

<table>
<thead>
<tr>
<th>Participant</th>
<th>Self-reported spiritual Stance</th>
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<tbody>
<tr>
<td>Cathy</td>
<td>Church of England</td>
</tr>
<tr>
<td>Frances</td>
<td>To be respectful of others’ stances</td>
</tr>
<tr>
<td>Ruby</td>
<td>Agnostic</td>
</tr>
<tr>
<td>Peter</td>
<td>Buddhist (Zen)</td>
</tr>
<tr>
<td>Sarah</td>
<td>None</td>
</tr>
<tr>
<td>Tricia</td>
<td>Committed Christian</td>
</tr>
<tr>
<td>Jody</td>
<td>Atheist</td>
</tr>
<tr>
<td>Kate</td>
<td>Humanist</td>
</tr>
<tr>
<td>Jackie</td>
<td>Atheist</td>
</tr>
<tr>
<td>Clara</td>
<td>Committed Christian</td>
</tr>
<tr>
<td>Samantha</td>
<td>Belief in a spiritual dimension to life that is unfathomable and personal</td>
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</tbody>
</table>

Data generation

Data were generated through individual face-to-face semi-structured interviews (conducted by the first author) that lasted approximately one hour. The interview schedule invited participants to share relevant clinical experience and reflect upon
any guiding concepts or challenges encountered when working with clients who held different spiritual beliefs to their own. Vignettes were also used which outlined a therapy situation involving a salient spiritual difference between therapist and client. Although not a standard mode of data generation in IPA work, these were used to facilitate a detailed and concrete discussion of how participants constructed and responded to such situations as well as providing a springboard for more general discussion. Copies of the interview schedule and vignettes can be obtained from the first author.

Prior to the interview, participants were given an information sheet summarising the purpose and method of the research and an opportunity to ask questions. They completed a background information questionnaire and were asked to read and sign a consent form. Time was also allowed post-interview for debriefing. Interviews were digitally recorded and then transcribed; identifying details were removed or altered to preserve confidentiality.

Analytic procedure
Following transcription of each interview, the stages of IPA were implemented by the first author in consultation with the second (Smith & Eatough, 2007). These involved conducting several close and thorough readings of each transcript. Anything noteworthy or significant (in relation to the research foci) was written down in one margin. The other margin was then used to document emerging themes within each transcript, using key words to capture the essential quality of the participant’s account. Each transcript was studied in detail before moving on to examine others. Following Smith’s (2004) recommendations about developing IPA’s idiographic commitment, close attention was paid to participants’ accounts through
the use of micro-textual analysis, which then informed the analysis as a whole. This attention to language use (especially to the functional use of language) represents an elaboration of the standard analytic foci within IPA.

When this process had been repeated with each transcript, the resulting initial themes were examined to distinguish connections across transcripts and identify ways that themes could be meaningfully grouped together. This gave rise to a set of super-ordinate and sub-ordinate themes that reflected the shared aspects of experience among participants. Themes were then ordered to produce a logical and coherent research narrative and some themes were dropped because they had a weak evidence base or did not fit well with the emerging structure. The final themes are the product of a continuous dynamic process of moving between various analytic stages.

**Analysis**

Three super-ordinate themes were discerned in the analysis, which were formed from a number of sub-themes (see Table 2). Due to space constraints, only some themes will be examined in detail here. However, each theme will be outlined to provide an overview of the entire analytic outcome. For reasons of clarity, the titles of super-ordinate themes have been italicized in headings and in subsequent text and the titles of sub-themes have been underlined in headings.
Table 2: Super-ordinate and sub-themes

<table>
<thead>
<tr>
<th>Super-ordinate themes</th>
<th>Sub-themes</th>
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<tbody>
<tr>
<td>Therapists’ perception of clients’ spiritual beliefs:</td>
<td>i. Spiritual beliefs in relation to clients’ internal world</td>
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<tr>
<td>psychological understanding and impact</td>
<td>ii. The psychological impact of spiritual beliefs on clients’ well-being and/or the therapeutic process</td>
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<td></td>
<td>a. Spiritual beliefs as psychologically helpful</td>
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<tr>
<td></td>
<td>b. Spiritual beliefs as psychologically unhelpful</td>
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<td></td>
<td>iii. Discordance between spirituality and psychotherapy</td>
</tr>
<tr>
<td>Therapists’ aims and responsibilities: (in)compatibility with clients’ spiritual beliefs</td>
<td>i. Therapists’ aim: to enhance clients’ psychological well-being</td>
</tr>
<tr>
<td></td>
<td>ii. Therapists’ responsibility: to respect clients’ beliefs</td>
</tr>
<tr>
<td></td>
<td>iii. Conflict between aims and responsibilities</td>
</tr>
<tr>
<td></td>
<td>iv. Handling conflict between aims and responsibilities</td>
</tr>
<tr>
<td>Therapists’ practice responses to psychologically unhelpful spiritual beliefs: explicit and implicit approaches</td>
<td>i. Exploring clients’ spiritual beliefs</td>
</tr>
<tr>
<td></td>
<td>ii. Challenging clients’ spiritual beliefs</td>
</tr>
<tr>
<td></td>
<td>iii. Implicit practice approaches</td>
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<tr>
<td></td>
<td>iv. Explicit practice approaches</td>
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The first super-ordinate theme (‘Therapists’ perception of clients’ spiritual beliefs: psychological understanding and impact’) refers to participants’ overarching understanding of clients’ spiritual beliefs. Participants described clients’ spiritual beliefs exclusively in psychological terms which took the form of viewing spiritual beliefs in relation to clients’ internal worlds as being influenced by, revealing or emerging from clients’ psychic life. Not only did participants view clients’ spiritual beliefs from a psychological perspective but they also evaluated these beliefs in terms of their psychological impact on clients’ well-being and/or the therapeutic process. All participants asserted that there was potential for spiritual beliefs to be psychologically helpful and/or unhelpful depending on the content of beliefs or the way they were used. It was this assessment of psychological helpfulness that was widely cited as the determining factor for whether participants experienced any challenges in working with spiritual beliefs. Nevertheless, some described a more basic difficulty that emerged from a fundamental perceived discordance between spirituality and psychotherapy. Only the last two sub-themes (see Table 2) will be examined in detail as these are less thoroughly acknowledged in the existing literature and are particularly relevant to the elucidation of the following themes.

The second super-ordinate theme (‘Therapists’ aims and responsibilities: (in)compatibility with clients’ spiritual beliefs’) captures factors that were most prominent in participants’ consideration of how to work with clients’ spiritual beliefs in therapy. It was discerned that participants’ primary aim was to help clients enjoy greater psychological well-being. However, participants also spoke about their responsibility as therapists to respect clients’ beliefs which involved not imposing their own beliefs onto their clients. Participants’ aim concerning clients’ psychological well-being and their responsibility to respect clients’ spiritual beliefs
emerged as a source of conflict if spiritual beliefs were perceived as undermining psychological well-being (‘conflict between aims and responsibilities’). A variety of views emerged regarding how to handle these conflicting aims and responsibilities. This super-ordinate theme is directly relevant to the research question and therefore will be elaborated in its entirety.

The third super-ordinate theme (‘Therapists’ practice responses to psychologically unhelpful spiritual beliefs: explicit and implicit approaches’) draws together the more applied aspects of participants’ reflections on working with spiritual beliefs. All participants’ first and fundamental response was to explore these beliefs. Yet, there were different perspectives on whether therapists should challenge clients’ spiritual beliefs. In participants’ consideration of how they have worked or would work with spiritual beliefs that they deemed psychologically unhelpful, a number of discursively implicit and explicit practice approaches were discerned. These approaches reflected their reported aim for psychological well-being and responsibility to respect spiritual beliefs. Within this super-ordinate theme, the first two sub-themes will not be elaborated further as the latter two sub-themes capture comprehensively the more challenging aspects of working with psychologically unhelpful spiritual beliefs (see Table 2). In the quotations presented in the analysis, square brackets indicate where material has been omitted or added for clarification purposes; three dots indicate a pause in speech.

Therapists’ perception of clients’ spiritual beliefs: psychological understanding and impact

As has just been outlined, participants discussed and evaluated clients’ spiritual beliefs from a psychological perspective. While many reported the potential for
spiritual beliefs to be psychologically helpful, participants also explained how spiritual beliefs could be psychologically unhelpful.

**Spiritual beliefs as psychologically unhelpful**

In discussing the potential negative impact of spiritual beliefs, the majority of participants focused on their defensive function within the therapeutic process or relationship. For example, when describing her work with a Muslim client, Sarah explained:

‘He would talk about his faith a lot, at me and [ ] in some ways he used it defensively.’

Sarah’s use of the word ‘at’ rather than ‘with’ when describing the way her client would talk about his spiritual beliefs suggests that there was an anti-relational quality to the discourse. This perhaps illuminates her statement that he used his faith defensively, as the client’s way of discussing his spiritual beliefs created a barrier between them that prevented a more meaningful connection.

Similarly, Tricia relayed her experience with clients whose spiritual beliefs impeded the processing of emotions:

‘I’ve had one or two clients who have [ ] had a very committed [ ] Christian faith [which] I think it has been a defence really, so they won’t be able to own any anxiety or any doubt or any anger so they present as sort of façade [ ] of very firm beliefs which actually gets in the way of what’s going on for them.’

While most participants reported spiritual beliefs as being *used* defensively, some participants viewed spiritual beliefs essentially as *being* a defence:

‘I just do see it as such a defence I suppose. I do see it as such a defence.’ (Jackie)

Jackie’s perception of spiritual beliefs being inherently defensive is likely to be related to her own spiritual stance. She describes herself as an atheist and therefore,
by definition, she conceptualizes all spiritual beliefs as psychological creations. This may result in her being more likely to view clients’ spiritual beliefs as psychological defences than practitioners who hold similar spiritual beliefs themselves.

Many participants reported the defensive use of spiritual beliefs in therapy to be one of the most recurrent and pertinent difficulties in working with spiritual beliefs. However, some participants asserted that there existed a basic discordance or mismatch between spirituality and psychological therapy that cannot be bridged.

**Discordance between spirituality and psychotherapy**

Peter stated that there was a lack of understanding between the two fields that results in a separation:

‘Spiritual teachings, religious teachings often don’t have much understanding of the psychological barriers and contrariwise psychological things don’t have much understanding of the spiritual [ ] so the two don’t really meet.’

But perhaps at an even more fundamental level some participants indicated that there was a mismatch over the issue of ‘truth’. Clara spoke about her own spiritual beliefs as being based on believing them to be true rather than whether they are psychologically helpful or not:

‘I’m a bit hesitant really to taking a pragmatic questioning approach or the pros and cons of having these beliefs because I feel my beliefs and my faith are not based on a weighing up of pros and cons. It’s based on whether I have a basis for thinking it true.’

However, for most participants, their understanding of, evaluation of and approach to spiritual beliefs were framed in terms of psychological helpfulness. For example:

‘It’s about looking at alternative ways of thinking that are more helpful [ ] and it’s about encouraging people to have [ ] beliefs [ ] that [are not] so unhelpful.’

(Samantha)
When describing her approach to working with clients’ spiritual beliefs, Samantha repeatedly draws on the notion of ‘helpfulness’. This perhaps suggests that she regards psychological helpfulness to be the most important factor when determining what spiritual beliefs to hold, rather than any notion of whether they are true or not.

Despite this being a rather tentative proposition, one participant stated this perceived fundamental incompatibility in explicit terms:

‘[Spiritual beliefs are] fundamentally incompatible with psychotherapy. [ ] She [the client in a vignette] [ ] has a belief that actually is quite incompatible with psychotherapy [because] it’s not about your inner drives and desires it’s [ ] about giving yourself over to God’s will and to God’s desire and [ ] that’s fine to have those beliefs but what are you doing in psychotherapy? [ ] Because it doesn’t really work, it doesn’t, the two don’t really match up.’ (Jackie)

Jackie appears to be drawing a distinction between two separate world views (the psychological and the spiritual) and what she perceives as their discordant intentions, the former focusing on and aiming towards internal psychological aspects and the latter focusing on and aiming towards external spiritual goals. In this sense, Jackie sees the work of the psychotherapist as being redundant or impossible to perform if spiritual beliefs are viewed as distinct from one’s internal world and if spiritual beliefs are not understood merely on the basis of their psychological properties. However, Clara and other participants who professed to hold certain beliefs did not consider their spirituality to be exclusively the product of their internal psychological worlds.
Therapists’ aims and responsibilities: (in)compatibility with clients’ spiritual beliefs

This mismatch between psychotherapy and spirituality was also reflected in participants’ explanation of their aim as therapists, which appeared at times to be incompatible with clients’ spiritual beliefs.

Therapists’ aim: to enhance clients’ psychological well-being

Many participants explained that their fundamental aim as therapists was to enhance their clients’ psychological well-being. If clients’ spiritual beliefs were perceived to be psychologically helpful, spirituality and psychotherapy were viewed as mutually beneficial and in this sense compatible. However, (as discussed previously) clients’ spiritual beliefs were at times perceived as psychologically unhelpful which conflicted with the participants’ aim, resulting in participants desiring and/or aiming to change these beliefs.

‘[Therapy] is about encouraging people to have alternative beliefs [ ] that might not [ ] bring them to the point that they feel this very negative effect.’ (Samantha)

Here, Samantha asserts that the very purpose of therapy is to help change psychologically unhelpful spiritual beliefs as indicated by her statement that ‘therapy is about...’ Other participants however, seemed more hesitant to express their intention to change clients’ spiritual beliefs:

‘It would be less out of a motive to, well no I can’t say that with all honesty, I was going to say not out of a motive to change her beliefs but I’m sure there would be some motive there because I wouldn’t want this woman to live a miserable life.’ (Clara)

Clara’s initial reaction is to deny her wish to change this client’s belief, which perhaps reveals her internal assumption that she should not want to change such beliefs. Indeed, her use of the word ‘honesty’ indicates that she is admitting
something she does not entirely approve of. Similarly, Jackie framed her aim to change her client’s psychologically unhelpful spiritual beliefs with the explanation that she was being ‘fully honest’. This suggests Jackie feels she is admitting something improper as it requires complete truthfulness to reveal:

‘To be fully honest I guess there’s a part of me that would hope at some point that [her spiritual beliefs] could break down because [ ] I do see it as a defence [and] part of my role as I would see it is [ ] to lessen those defences.’

Jackie’s use of the phrase ‘part of me’ not only demonstrates that she is not wholly persuaded in her desire or aim to change her clients’ beliefs but also indicates that she experiences an internal conflict (between different ‘parts’ of her) over this issue. Her ambivalence is further expressed through her choice of words as she ‘guesses’ rather than is certain and ‘hopes’ rather than wants. This uncertainty may be in part related to her fear of what would result from her trying to lessen these spiritual defences, perhaps seen through the use of the words ‘break down’. Whilst this seems to refer directly to the destruction of spiritual beliefs as a defensive barrier, it also perhaps reveals the participant’s concern that the client themselves could break down in the process. This may be why Jackie states that she hopes it would happen ‘at some point’, indicating later in the work rather than immediately.

The uncertainty present in these statements contrasts significantly with the very confident assertions participants made regarding their role to respect clients’ beliefs. Indeed, perhaps the underlying reason for some participants’ hesitancy in disclosing their desire to alter clients’ psychologically unhelpful spiritual beliefs was that participants clearly recognized an ethical responsibility to ‘respect’ their clients’ spiritual beliefs.
Therapists’ responsibility: to respect clients’ beliefs

This notion of respecting clients’ spiritual beliefs involved therapists attempting to be ‘non-judgmental’ and avoiding the imposition of their own beliefs onto clients:

‘You can’t tell them what to think and you can’t, you certainly can’t impose your beliefs on them.’ (Tricia)

At first reading it appears that Tricia is repeating the same idea twice in an attempt to verbally underline the importance of her statement. However, the repetition could also indicate a double meaning, where the first half of her statement (‘You can’t tell them what to think’) refers to the capability of the therapist (that therapists cannot tell clients what to think even if they tried) and the second half (‘you certainly can’t impose your beliefs’) refers to the prohibition on the therapist (that therapists should not impose their beliefs). Alternatively, the first half of Tricia’s statement could be understood as a general principle (you cannot tell clients what to ‘think’) of which the second half is a specific outworking of that in the area of spiritual beliefs (you certainly can’t impose your ‘beliefs’).

Regardless of the depth of meaning to Tricia’s statement, the principle of therapists not imposing their own beliefs onto clients was a standard to which many participants referred. In doing so, they explained that it was based on an awareness of or adherence to ethical values:

‘It’s an ethical stance that I don’t knowingly impose any of my own personal beliefs on the client’. (Cathy)

Cathy’s words express confidence and the fluency of her speech (evident in the recording) suggests that this is a statement she knows well, perhaps even indicating that she is reciting a phrase from a code of conduct. Although this cannot be confirmed, she does later explain that her ethical stance is indeed based on an adherence to professional ethical guidelines, as well as her own personal values:
‘It’s in the code of ethics that I basically accept the individual and that happens to be my own sort of ethical code that I will respect people [ ] so it comes from within myself as much as without’. (Cathy)

Although most participants spoke about their ethical responsibility to respect clients’ spiritual values, this at times ran contrary to participants’ aim concerning clients’ psychological well-being. Subsequently there emerged a reported source of ‘difficulty’ or ‘conflict’ for participants when spiritual beliefs were perceived to be undermining psychological well-being.

Conflict between aims and responsibilities

For example, while Clara explained how she might work with a client whose belief in God was seen to be having a negative psychological impact (causing ‘guilt and shame’), the following dialogue occurred:

Clara: ‘The conflict perhaps for me of on the one hand wanting her [ ] to know a different God but on the other hand having the value of working within her belief system’

Interviewer: ‘[ ] Respecting her belief and so not wanting to change that and yet also...’

Clara: ‘...wanting to.’

Clara here finishes off the interviewer’s statement in a surprisingly clear and directional way, indicating her awareness of the contradiction that she experiences between her aims and responsibilities. On one hand Clara wants to change this client’s spiritual beliefs (‘to know a different God’) to something that would create the potential for greater psychological well-being. However, she also values ‘working within her [client’s] belief system’ which was based on her conviction about ‘respecting her [client’s] belief’. It is interesting to note Clara’s choice of words as she describes this conflict: on one hand she talks about ‘wanting’ and on
the other ‘having the value’. The former refers to a more personal and felt need within the therapist whereas the latter carries more theoretical and intellectual overtones. This perhaps suggests that the therapists’ aim concerning the clients’ psychological well-being is something that emerges internally whereas their responsibility to respect clients’ beliefs is something that is more externally imposed.

While this incongruity between participants’ aims and responsibilities was alluded to by most participants, a variety of ways were described for handling this conflict.

Handling conflict between aims and responsibilities

Cathy indicated that her responsibility for and adherence to respecting clients’ spiritual beliefs were imperative and therefore firmly asserted she would never do anything to undermine that (as demonstrated by her use of the words ‘categorically’, ‘any’ and ‘anything’):

‘I can say that quite categorically I won’t with any patient do anything to alter what they believe in.’

However, Jody explained that respecting clients’ autonomous choice of spiritual beliefs was valid only if their beliefs were not psychologically ‘destructive’:

‘I see it as being a choice to the point that if [their spiritual belief] becomes destructive.’

Other participants sought to reconcile conflicting aims and responsibilities by explaining that while they aimed to change psychologically unhelpful spiritual beliefs, they did so by ‘empowering’ the client to change their beliefs:

‘Being asked to be someone’s therapist is an invitation to help them change their beliefs [...] but [by] empowering them to make those choices and decisions.’ (Clara)
This perspective locates ultimate responsibility about changing beliefs with the client, which then frees the therapist from having to manage this responsibility. Perhaps Clara is even suggesting that clients are responsible for the whole therapeutic endeavour as the client ‘asks’ and ‘invites’ the therapist help change their beliefs. On this basis, the therapist doing all they can for the psychological well-being of the client could be seen in itself as demonstrating respect for clients’ beliefs and wishes, so again the therapist avoids having to manage a conflict between their aims and responsibilities.

Nevertheless, if the client did not want to change their spiritual beliefs, then all participants agreed that their responsibility to respect their clients’ autonomy over-rode their aim to enhance psychological well-being:

‘You would work with [the client’s spiritual beliefs] in terms of what you think is for his psychological health [but] there’s also what he thinks about his psychological health and if he’s adamant he doesn’t want to change those beliefs then I guess [ ] you just have [to] take up [other] possibilities.’ (Samantha)

Samantha’s statement reveals that she considers the starting point is the therapist’s own view of what spiritual beliefs promote psychological well-being and it is this that then forms the basis of how she ‘would work with’ spiritual beliefs. Although she affirms that the client has the final say in whether they want to change their beliefs, the use of the word ‘adamant’ indicates that it is only at the point where the client strongly resists change that the approach would need to be altered.

Despite being clear as to her approach, Samantha nonetheless reveals the conflict she experiences between her aims and responsibilities. She uses the words ‘work with’ when describing how she would approach the client’s beliefs, which sounds less actively interventionist and less ethically alarming than saying she would ‘change’ the client’s beliefs. Nevertheless, it is clear that she does in fact have in
mind this idea of changing beliefs as she is able to use these words in the negative sense, in relation to the client (‘if [ ] he doesn’t want to change those beliefs’). Thus it appears that she experiences some discomfort with overtly stating that she would aim to change a client’s spiritual beliefs. Moreover, her use of the second person (‘You’) may also be a strategy to distance herself from something she fears might be viewed as unethical and instead attempts to make it appear mainstream and common rather than personal to her.

As well as describing the principles behind how they would work with psychologically unhelpful spiritual beliefs, participants also described specific practice approaches.

*Therapists’ practice responses to psychologically unhelpful spiritual beliefs: explicit and implicit approaches*

These practice approaches largely (although not exclusively) revolved around ways that they could change psychologically unhelpful spiritual beliefs, whilst still being mindful of the importance of respecting clients’ beliefs. They described a number of discursively implicit and explicit approaches to address unhelpful spiritual beliefs.

**Implicit practice approaches**

Participants described various implicit approaches that were directly intended to change certain aspects of the client’s spiritual beliefs, although in unapparent ways. This can be seen in the unambiguous declaration that participants made to this effect. For instance, Ruby described her hope that a client’s spiritual belief in a punishing God would change through the influence of the therapeutic relationship:
‘It’s very much to do with the relationship with the therapist [ ] so it becomes strong enough to influence this other relationship she’s got [with God], so my relationship with her would hopefully [ ] make her God less of a punishing God.’

A number of participants similarly explained that it is the therapeutic relationship that would be the means of change. Other participants however, described how they would focus on clients’ other relationships, with the hope that this might alter their ‘spiritual’ relationship (with God):

‘[I would] explore her relationship with her parents or significant others, [ ] exploring relational themes generally and seeing if I can stand back from the focus on just God and see if that might help her to kind of get a little bit unstuck from the ideas [about] God.’ (Clara)

Both Clara’s and Ruby’s statements suggest that it is only specific beliefs or perceptions of beliefs that are the target of their interventions (for example, changing ‘ideas [about] God’) as opposed to aiming to alter or remove beliefs altogether.

As well as discursively implicit approaches to working with psychologically unhelpful spiritual beliefs, participants also described a number of explicit approaches.

Explicit practice approaches

One approach participants described involved encouraging their clients themselves to weigh up and consider whether and how their spiritual beliefs might be psychologically unhelpful:

‘I [ ] explore with them [ ] what is it stopping you doing, [ ] how does it affect your thinking and so on, so I would see my role as helping them think all the time about the implications of their beliefs, [ ] whether it’s helpful.’ (Tricia)

It is interesting that Tricia here implies there is something intrinsic to the belief that is potentially helpful or harmful, as she perceives the belief to be affecting the
client’s ‘thinking’ rather than their thinking affecting their belief. This stands in contrast to what was described by other participants under the previous sub-theme who suggested that it was clients’ experiences of other relationships that effected their perception of God. Nevertheless, Tricia does not seem to be directly attempting to change their belief but rather is encouraging clients to explore the psychological impact of their spiritual beliefs.

Contrastingly Clara stated that she would actively encourage the client to ‘re-evaluate’ their choice of spiritual beliefs if they perceived them to be psychologically damaging:

‘I wouldn’t feel at all constrained from asking her questions to reconsider her beliefs and [ ] getting her to weigh up the choices she is making when it comes to sort of choosing this kind of faith system, [ ] getting her to re-evaluate.’

Clara seems to describe three connected ways of explicitly discussing her client’s spiritual beliefs. The first (‘asking her questions to reconsider her beliefs’) focuses on the beliefs themselves, perhaps questioning whether the client is convinced of them; the second (‘getting her to weigh up the choices [ ] of choosing this kind of faith system’) focuses more on the client and the way she makes choices; the last (‘getting her to re-evaluate’) has a more objective ring to it, perhaps motivating the client to assess what they are getting out of it.

Despite explicitly encouraging clients to explore the implications of their beliefs and to re-evaluate ‘unhelpful’ beliefs, participants acknowledged that there still remained the possibility that clients may not change their beliefs. However, Kate explained the very act of clients making an explicit, conscious and autonomous choice (even a choice to hold on to psychologically unhelpful spiritual beliefs) would in itself aid their psychological well-being:
'It’s a bit like ultimately if someone wants to kill themselves you need to let them do that [ ] as the person’s choice and so [ ] ultimately it’s about them taking informed choices in their life, what they’re prepared to compromise or change [ ] and my experience is that when people [ ] take these decisions consciously [ ] they are very much more empowered and actually do well with what they have.’

Kate here uses an extreme example of suicide to emphasize how important respecting clients’ choice is, even in ‘worse case’ scenarios. She stresses that clients have responsibility for their choices and psychological well-being, thereby abdicating any responsibility for the therapist. She then justifies this stance by drawing on her own experience to show that giving all responsibility for choice to the client is also in their best interests. However, it is questionable how her position of valuing clients’ choice over their well-being, even to the extent of suicide, tallies with her justification from her own experience of clients then ‘doing well with what they have’. Overall, Kate’s statement implies that it does not matter what you choose but it is making an autonomous choice that is most valuable.

**Discussion**

Given that this study aimed to explore the understanding and experience of a particular group of participants, any conclusions drawn from this data set must be tentative as the sample cannot be presumed to be representative of therapists in general. In particular, the sample was predominantly female and exclusively White and although participants held a variety of beliefs, there remain many other perspectives yet to be investigated.

Despite this, the study presents an initial exploration of the challenges therapists face when working with clients who have different spiritual beliefs to their own. What emerged as presenting the greatest challenge to therapists was when
clients’ spiritual beliefs were perceived as psychologically unhelpful to them. In such situations, participants experienced a conflict between their ethical stance to respect clients’ spiritual beliefs and their aim to enhance psychological well-being. This conflict materialized in participants’ reported experiences of uncertainty and apprehension regarding whether and/or how to change clients’ spiritual beliefs. The focus on this particular conflict distinguishes this study from other research papers that have reported therapists’ experience of working with clients’ spiritual beliefs. Furthermore, this study uniquely identifies a variety of specific practice responses to this conflict as well as demonstrating more generally how spiritual beliefs are perceived by practitioners in terms of their psychological properties and functions.

While participants described a number of approaches regarding how to work with psychologically unhelpful spiritual beliefs, there remained a sense of conflict at a theoretical and internal level. Although not conceptualized in these terms, the conflict that participants experienced between their aims and responsibilities can be clearly conceived as an ethical dilemma between beneficence and autonomy respectively. While not eliminating a felt sense of conflict, enabling therapists to conceptualize working with psychologically unhelpful beliefs as an ethical dilemma would nonetheless aid their ability to consider and approach such spiritual beliefs more confidently and ethically (Shillito-Clarke, 2003; Tjeltveit, 2004).

Correspondingly, it is recommended that therapists foster a personal ‘ethical mindfulness’ (Bond, 2000, p. 242) by recognizing particular ethical issues and then reflecting on ethical theories and codes. The importance of this is highlighted by the divergence of practice responses that participants reported having adopted when working with psychologically unhelpful spiritual beliefs. Such diversity suggests that participants’ judgment about and approach to this ethical dilemma more likely relate
to individual experience, orientation, working context, personality and personal/spiritual values (Shillito-Clarke, 2003). This does not necessarily raise concerns, as dilemmas are dilemmas precisely because more than one rationally justifiable solution/approach exists (Beauchamp & Childress, 1983). Nonetheless, therapists developing their own ethical analytic framework and would help provide a range of alternatives for consideration and criteria for setting priorities among their aims and responsibilities when working with psychologically unhelpful spiritual beliefs (McCoy, 1985).

In addition, it seems desirable for therapists to examine their own spiritual beliefs and values to ensure they do not subconsciously impose their own spiritual values onto clients (Haug, 1998). This seems particularly significant given that, although the majority of participants were clear they would not try to change their clients’ beliefs nor impose their own beliefs, their reports of their practice were more ambiguous. Indeed, most participants reported having to some extent employed techniques to change clients’ unhelpful spiritual beliefs, even if this was done by indirect or implicit means. A more open and up-front disclosure about their perception of and approach to clients’ spiritual beliefs has be argued as being more respectful of the client’s autonomy and therefore a more ethical response (Richards & Bergin, 1997; Rowson, 2001). Such honest and open acknowledgment of therapists’ desire to enhance clients’ psychological well-being may also help reduce the confusion and discomfort that therapists experience in working with spiritual beliefs, which may be related in part to an experience of an internal but unacknowledged conflict.

On a more general note, this study revealed the extent to which participants conceived of and assessed clients’ spiritual beliefs in psychological terms. This
raises the question of whether this ‘psychological perspective’ misses something important about clients’ spirituality, particularly given (as one participant noted) many spiritual beliefs are not held on the basis of their psychological properties. However, it is largely accepted that it is not the role of the therapist to adjudicate the veracity of a spiritual domain or a transcendent object (for example, see Meissner, 1984; Van Eenwyk, 1989). Therefore, by focusing exclusively on the psychological aspects of beliefs, participants avoided venturing beyond their domain of competence or ascribed role. Yet such an approach to clients’ spiritual beliefs risks denying their essential experience and understanding of their spirituality, which may ultimately result in a misalliance.

While this study has begun an exploration into this important area of clinical practice, there is a clear need for further exploration to understand the complexity of therapists’ approaches to working with salient spiritual differences. Most notably, participants in the current study came from a range of backgrounds and beliefs. Although this diversity provided rich data, it would be fruitful to investigate the specific impact that therapists’ theoretical/practice orientation as well as their own personal spiritual stance has on their perception of and approach towards working with psychologically unhelpful spiritual beliefs. Additionally, research into training models designed to aid therapists in developing an ethical analytic framework would be helpful for qualified practitioners as well as those seeking to equip trainees to work with spiritual beliefs.

With increasing expectations for practitioners to work with spirituality in therapy, it is important not to overlook the significant challenges that therapists face. One central challenge is how to work ethically with clients’ spiritual beliefs that are perceived as being psychologically unhelpful. A number of suggestions have been
made to assist therapists in handling this difficulty. In particular, it is recommended for therapists to recognize this challenge as an ethical dilemma, to develop an ethical analytic framework and to reflect on their own beliefs within this context. While consideration and reflection on this ethical dilemma is important to help practitioners to develop a confident and ethical practice approach to clients’ spiritual beliefs, it is of course ultimately important for the clients who bring their spirituality into therapy.
References


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